

CARITEN HEALTH PLAN, INC.

Initially issued a certificate of authority on **12/16/95** as **PHP Health Plans, Inc.**

On **12/4/96**, the name was changed to **Cariten Health Plan, Inc.**

ADDRESS:

1420 Centerpoint Blvd. - Knoxville, TN 37932 - (865) 670-7335

WEBSITE:

www.cariten.com

West Tennessee Area:

Middle Tennessee Area:

East Tennessee Area:

Service Area by County

NONE

NONE

Anderson, Blount, Bradley, Campbell,
Carter, Claiborne, Grainger, Green, Hamblen,
Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox,
Loudon, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane,
Sevier, Sullivan, Unicoi, Union and Washington

The Independent Review Organization used by this HMO is American Foundation for Health Care, Inc.

IRO APPEALS

	Number Requested	Resolved in favor of member	Resolved in favor of HMO
year ending 12/31/2002	0	0	0
year ending 12/31/2001	0	0	0
year ending 12/31/2000	0	0	0
year ending 12/31/1999	0	0	0

CARITEN CUSTOMER SERVICE

If you have a complaint about your Cariten HMO, please call 1-800-284-0042

HMO GRIEVANCE STATISTICS

NUMBER OF GRIEVANCES/INQUIRIES FOR 2002

of the grievances reported **51%** were resolved successfully
of the grievances reported **49%** were resolved adversely

CATEGORY	Number of Inquiries to the HMO	Number of written grievances	Number of resolved grievances	Number of adverse decisions	Number of successful resolutions
1) availability/delivery of service		0	0	0	0
2) claim payment/amount of payment		46	46	18	28
3) contract terms and conditions		18	18	10	7
4) other		17	17	12	6
TOTAL		81	81	40	41

HMO Greivance Statistics

NUMBER OF GRIEVANCES/INQUIRIES FOR 2001

of the grievances reported **60%** were resolved successfully
of the grievances reported **40%** were resolved adversely

CATEGORY	Number of Inquiries to the HMO	Number of written grievances	Number of resolved grievances	Number of adverse decisions	Number of successful resolutions
1) availability/delivery of service		1	1	0	1
2) claim payment/amount of payment		62	62	23	39
3) contract terms and conditions		33	33	14	19

4) other	16	16	7	9
TOTAL	112	112	44	68

NUMBER OF GRIEVANCES/INQUIRIES FOR 2000 of the grievances reported **57%** were resolved successfully
of the grievances reported **43%** were resolved adversely

CATEGORY	Number of Inquiries to the HMO	Number of written grievances	Number of resolved grievances	Number of adverse decisions	Number of successful resolutions
1) availability/delivery of service	N/A	42	42	25	17
2) claim payment/amount of payment	N/A	75	75	26	49
3) contract terms and conditions	N/A	75	75	31	44
4) other	N/A	0	0	0	0
TOTAL	N/A	192	192	82	110

NUMBER OF GRIEVANCES/INQUIRIES FOR 1999 of the grievances reported **51%** were resolved successfully
of the grievances reported **48%** were resolved adversely

CATEGORY	Number of Inquiries to the HMO	Number of written grievances	Number of resolved grievances	Number of adverse decisions	Number of successful resolutions
1) availability/delivery of service	N/A	37	37	26	11
2) claim payment/amount of payment	N/A	69	69	28	41
3) contract terms and conditions	N/A	26	26	10	16
4) other	N/A	N/A	N/A	N/A	N/A
TOTAL	N/A	132	132	64	68

NUMBER OF GRIEVANCES/INQUIRIES FOR 1998 of the grievances reported **47%** were resolved successfully
of the grievances reported **53%** were resolved adversely

CATEGORY	Number of Inquiries to the HMO	Number of written grievances	Number of resolved grievances	Number of adverse decisions	Number of successful resolutions
1) availability/delivery of service	N/A	28	28	18	10
2) claim payment/amount of payment	N/A	49	49	21	28
3) contract terms and conditions	N/A	8	8	6	2
4) other	N/A	1	1	1	0
TOTAL	N/A	86	86	46	40

PLEASE NOTE: an adverse decision indicates the decision was against member, not that the HMO was incorrect
a successful resolution means the grievance was resolved to the members satisfaction

N/A means the information was not provided or available

9 YEAR MEMBER ENROLLMENT STATISTICS

Year	Individual Members	Medicare members	Group members	Number groups	TOTAL members	Average Annual
ending 12/31/02	0	12,328	11,191	24	23,519	15,394
ending 12/31/01	0	9,357	13,080	31	22,437	20,634
ending 12/31/00	0	5,686	12,394	44	18,080	20,000
ending 12/31/99	0	2,974	11,248	55	14,222	12,958
ending 12/31/98	0	1,526	9,810	62	11,336	10,703
ending 12/31/97	0	0	7,774	11	7,774	6,744
ending 12/31/96	0	0	5	1	5	5
ending 12/31/95	0	0	0	0	0	0
ending 12/31/94	0	0	0	0	0	0

CARITEN HEALTH PLAN, INC.

CARITEN HEALTH PLAN, INC.**FINANCIAL HIGHLIGHTS**

For the Year Ending

December 31, 2002

ASSETS				\$ 49,378,437
LIABILITIES				\$ 32,294,813
TOTAL MEDICAL AND HOSPITAL EXPENSES				\$ 91,834,101
TOTAL ADMINISTRATIVE EXPENSES				\$ 6,759,007
UNCOVERED EXPENSES				\$ 640,493
PREMIUMS NON TN CARE				\$102,769,246
TOTAL CAPITAL AND SURPLUS				\$ 17,083,624
NET INCOME				\$ 5,103,943
RATIO OF MEDICAL EXPENSES TO PREMIUMS				31.42%
RATIO OF ADMINISTRATIVE EXPENSES TO PREMIUMS				6.58%